

MERCANTILE LICENSE APPLICATION YEAR: 2020 FEE: \$30.00		CITY CLERK'S OFFICE 430 THIRTEENTH STREET FRANKLIN, PA 16323
The following information is necessary for our records and will be held in strictest confidence. ALL QUESTIONS MUST BE ANSWERED FULLY. USE REVERSE SIDE IF NECESSARY.		
TRADE NAME AND BUSINESS ADDRESS TO BE PRINTED ON LICENSE	NAME AND ADDRESS OF APPLICANT (IF OTHER THAN TRADE NAME)	
	FEDERAL EMPLOYER IDENTIFICATION NUMBER	
MAIL ADDRESS (if other than above)	E-MAIL ADDRESS	
	BUSINESS WEBSITE	
PARTNERS/OFFICERS' NAMES AND ADDRESSES	BUSINESS PHONE NUMBER	
	SECONDARY PHONE NUMBER	
TYPE OF ORGANIZATION (Check) <input type="checkbox"/> INDIVIDUAL PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> FIDUCIARY <input type="checkbox"/> CORPORATION DATE INCORPORATED _____ STATE INCORPORATED _____		
DESCRIBE NATURE OF BUSINESS		DATE OPERATIONS BEGAN
I certify that all information and statements herein are true and correct.		
SIGNATURE	TITLE	DATE
<p style="text-align: center;">PENALTIES</p> <p>Whoever being required to procure a license and who fails or refuses to do so, and whoever fails to keep his license conspicuously posted at his place of business, shall upon conviction thereof before any Alderman or Magistrate, be sentenced to pay a fine of not more than Fifty (\$50.00) Dollars and costs of prosecution for each offense, and in default of payment of said fine and costs, shall be imprisoned in the Venango County Jail for a period of not exceeding thirty (30) days or both fine and imprisonment.</p>		
<p style="text-align: center;">FOR OFFICE USE ONLY</p> <div style="display: flex; justify-content: space-between;"> <div> Received Date: _____ Paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card Issue Date: _____ </div> <div> Received By: _____ License Number: _____ </div> </div>		

2020 MERCANTILE LICENSE BUSINESS QUESTIONNAIRE

The following information is necessary for the emergency records
of the Police and Fire Departments and will be kept in the strictest confidence.

PLEASE PRINT OR TYPE

NAME OF BUSINESS: _____ BUS. PHONE (____) _____

BUSINESS ADDRESS: _____ CELL PHONE (____) _____

_____ 2ND PHONE (____) _____

E-MAIL ADDRESS: _____ FAX NUMBER (____) _____

***If you are located within the City, please provide an after-hours emergency number, which will be used for notification when alarms are received and other after-hours emergencies.**

1st KEYHOLDER CONTACT INFORMATION:

Name (Last Name, First, Middle Initial): _____

***AFTER HOURS PHONE NUMBER:** _____

CELL NUMBER: _____

2ND PHONE NUMBER: _____

Mailing Address: _____

2nd KEYHOLDER CONTACT INFORMATION:

Name (Last Name, First, Middle Initial): _____

***AFTER HOURS PHONE NUMBER:** _____

CELL NUMBER: _____

2ND PHONE NUMBER: _____

Mailing Address: _____

3rd KEYHOLDER CONTACT INFORMATION:

Name (Last Name, First, Middle Initial): _____

***AFTER HOURS PHONE NUMBER:** _____

CELL NUMBER: _____

2ND PHONE NUMBER: _____

Mailing Address: _____

OCCUPANCY TYPES:

TYPE OF BUSINESS: _____

APARTMENTS? (Y/N) _____ NUMBER? _____ HOW MANY FLOORS? _____ NUMBER OCCUPIED? _____

HAZARDOUS MATERIALS

YES/NO: _____ LOCATION IN BUILDING: _____

HAZMAT NAMES: (Attach sheet if more room required.) _____

UTILITY INFORMATION

ELECTRIC SHUT OFF LOCATION: _____

GAS SHUT OFF LOCATION: _____

ANY OTHER INFORMATION THAT YOU FEEL WILL BE OF ASSISTANCE TO US: (Attach sheet if more room required.) _____

OFFICE USE ONLY

MERCANTILE LICENSE # _____ DATE ISSUED _____